**VAKALATNAMA**

(Rule 4(1) of the rules framed under the advocates Act, 1961)

**IN THE HIGH COURT OF MADHYA PRADESH BENCH AT INDORE**

Writ Petition No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of 2021

Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Versus

**R**espondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We ....................................... (Name of Petitioner) the Plaintiff/ Appellant/ Claimant/ **Petitioner**/ Applicant or Defendant/Respondent/Non-applicant named below do hereby appoint, engage and authorize advocates(s) named below to appear, act and plead in aforesaid case/proceedings, which shall include applications for restoration, setting aside of ex- parte orders, corrections, modifications, review and recall of orders passed in these proceeding, in this court or in any other court in which the same may be tried/heard/proceeded with and also in the appellate, revisional or executing court or in respect of proceedings arising from this case/proceedings as per agreed terms and conditions and authorize him/them to sign and file pleadings, appeals, cross-objections, petitions, applications, affidavits or other documents as may be deemed necessary or proper for the prosecution/defence of the said case in all its stages and also agree to ratify and confirm acts done by him/them as if done by me/us.

In witness whereof I/We do hereunto set my/our hand to these present, the contents of which have been duly understood by me/us, **this……. Day of …………….. 2021**.

**Particulars (in block letters) of each party executing Vakalatnama:-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & father’s/ husband’s name | Registered Address | E-Mail address  (if any) | Telephone number  (if any) | Status in the case | Full Signature/ \*\*thumb impression |
| (1) | (2) | (3) | (4) | (5) | (6) |
|  |  |  |  |  |  |

**Accepted:** For Petitioner.

**Particulars (in block letters) of each advocate accepting Vakalatnama:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name & enrollment no.**  **in the State Bar Council** | **Address for service** | **E-Mail address**  **(if any)** | **Telephone number**  **(if any)** | **Full Signature** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |
|  |  |  |  |  |

\* Score out whichever is not applicable

\*\* The thumb impression shall be attested by a literate person giving particulars.